

# Enrollment Confirmation

Dear [Recipient's Name],

We are pleased to confirm your enrollment in our health services program. Your effective enrollment date is [Enrollment Date].

Below are the details of your enrollment:

- Program Name: [Program Name]
- Member ID: [Member ID]
- Coverage Start Date: [Coverage Start Date]

Thank you for choosing us for your health service needs. If you have any questions, please feel free to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Company/Organization Name]